

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- The information for the required receipt fields can be found in the Pay.gov screen receipt or confirmation email.

- 1. Your Name\*:** CeCe Cole
- 2. Your Email Address\*:** ccole@cdas.com
- 3. Receipt Agency Tracking ID for Refund\*:** ACANDC-20620061
- 4. Transaction Date for Refund\*:** 04/29/2025
- 5. Transaction Amount to be Refunded\*:** \$328.00
- 6. Receipt Agency Tracking ID for Correct Receipt Number on Docket\*:** ACANDC-20626279
- 7. Your Phone Number:** 212-497-0975
- 8. Full Case Number (if applicable):** 4:24-cv-01454-JST

**9. Fee Type:\***

- ☐ Attorney Admission
- ☐ Civil Case Filing
- ☐ Audio Recording
- ☐ Notice of Appeal
- ☒ Pro Hac Vice
- ☐ Writ of Habeas Corpus
- ☐ Other: \_\_\_\_\_

- 10. Reason for Refund Request\*:** Explain in detail what happened to cause duplicate charges, no fee required, etc.

- ☒ Duplicate Charge      ☐ No Fee Required for Filing      ☐ Other

I accidentally paid the pro hac fee in connection with case number 3:24-cv-01451 when I should have paid the pro hac fee in this case (4:24-cv-01454). I did not realize that the fee payment was case specific. I have since paid the fee in connection with this case and refiled my motion (ECF 137).

If you paid a filing fee using an abandoned case number, note that case number here and e-file the refund request in the **open** case.

✓ **Efile this form: OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](https://cand.uscourts.gov/ecf/payments).

Assistance: Contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday - Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	
Pay.gov refund tracking ID refunded:	
Date refund processed:	
Request approved/denied by:	
Agency refund tracking ID number:	
Refund processed by:	
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	